

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

IN CLERKS OFFICE (CFA-1) IEE JAM 1 7 2020

L

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

									P COURT
									FILE NUMBER
1. IS THIS AN AMENDMENT	「? ☐ Yes	☑ No If Ye	s, please (enter the i	file nu	ımber ir	this bo	x. →	46-20-31
SECTION A . CANDIDA	TE INFOR	RMATION: Fil	ll in all ap	plicable	boxe	es as fu	illy and	accura	ately as possible.
2. Last Name Stalbrink, Jr.	Fir	st Name Richard	Mic	ddle Name Robert		Nic	kname		3. Type of Committee (Check one ☑ Candidate's Principal Committe
4. Mailing Address (number and street,					X (Optio	onal)		6 F-mai	☐ Exploratory Committee il Address (Optional)
5023 W. Meritage Tra	ail			()	**************************************		o. L-mai	
7. City	State	ZIP Code	8. County			9. Teleph	A	272	10. Telephone (Evening)
LaPorte	IIN	46350	LaPo				873-43		(219) 873-4360
1. Party Affiliation ☑ Democratic ☐ Libertarian ☐ Re	epublican 🗌	Other		Judge I	Sought _aPor	:(Include d rte Supe	listrict numb erior Cou	er, if any. urt No. :	Not required for an exploratory committee
SECTION B. COMMITT	EE INFO	RMATION: Fi	ll in all a	policable	box	es as fu	ully and	accura	ately as possible.
 Full Name of Committee (Do not Committee to Elect R 			s a new name).					
 Mailing Address (number and street 5023 W. Meritage Tra 		ZIP code)	k if this is a ne	ew address.	15. FA	X (Optiona	1)	16. E-ma	ail Address (Optional)
7. City	State	ZIP Code	18. Count	hv) 19. Telepi	hone	<u></u>	20. Committee Organization Date
LaPorte	IN	46350	LaPo		- 1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	873 - 43	60	(mm/dd/yy) 1-8-2020
1. Chairperson's Full Name		ndidate as Chairper	son. Ch	neck if this is		1			
Richard Robert Stalbr									
 Mailing Address (number and street 5023 W. Meritage Tra 		ZIP code)	k if this is a ne	ew address.	23. FA	X (Optiona	1)	24. E-ma	ail Address (Optional)
5. City	State	ZIP Code	26. Count	ty	1	27. Telepi	hone (Day)	1	28. Telephone (Evening)
LaPorte	IN	46350	LaPo				873-43		(219, 873-4360
9. Bank or Other Depositories (Lis	t all banks or	other depositories in	which the co	mmittee depo	sits fur	nds, holds	accounts, re	ents safety	deposit boxes or maintains funds.)
Horizon Bank, 515 Fr									
30. Exploratory Committee (Give brief	f statement expla	nining purpose of an expl	loratory committe		Salarie	s and Rein	mbursemer	nts (Will the	ne committee pay the candidate a salary of the contract.)
SECTION C. APPOINT	MENT OF	TREASURER	2 /IC 3-9-						
32. I, as Chairperson of	the foreg	oing Person App	ointed Treas	urer			Signature	of the Co	ommittee Chairperson
ommittee, appoint the follow reasurer of the Committee.	wing perso	n as Charles	s Kim Sa	uers				-	
	signate candi		☑ Check if		treasure	er.		V	
Charles Kim Sauers									
 Mailing Address (number and street 1900 E. Lincolnway 	, city, state, and	ZIP code)	k if this is a ne	ew address.	35. FA	X (Optiona	11)	1	ail Address (Optional)
7. City	Ctata	710.0	100 0		()		ksau	ers@sauersauto.com
LaPorte	State	ZIP Code 46350	LaPo	5		//-	hone <i>(Day)</i> 326-74	7.4	40. Telephone (Evening)
		APPOINTMEN	2000000			(213)	320-74		(219 ₎ 363-6979
1. I give notice that I accept	pt the duti	es and respons	ibilities of	Treasurer	of th	nis Signa	ature of P	erson Ad	ccepting Appointment
committee. I am not the cha ermitted for a candidate comm	airperson c	of a campaign fi	inance con	nmittee (ex	cept	as	1 Sec	20	W
		STATEMEN		W. William					FOR OFFICE USE ONLY
Ve certify as the candidate	and the d	uly appointed C	Chairperson	of the C	ommi	ttee and	that we	have	TOR OTTIOE OSE ONE!
xamined this statement. To the 2. Typed or Printed Name of Co.	e best of o	ur knowledge an	d belief it is	s true, corr	ect an	d comple	ete.		
Richard R. Stalbrink,	7.57	Signature o	Chairpers	IOII		Da	te (mm/dd/y)		
3. Typed or Printed Name of C		Signature o	f Candidate	>	-	-	01/08/2		
Richard R. Stalbrink,		Cignature 0	Gandidate		3	Da	te (mm/dd/yy	0	
The second transfer of		this information be	ropode d	sin Assaulto:	laur i		01/08/2		
Varning: State law requires that are person who knowingly files a fraudule	ent report cor	nmits a Level 6 D f	elony (IC 3-1	4-1-13) A DE	erson w	the fails to	file a com	alete or	
accurate report as required by the Ir subject to civil penalties (IC 3-9-4-16,	ndiana Campa	aign Finance Law c	commits a Cla	ass B misder	neanor	(IC 3-14-	1-14), and i	may be	



State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

OF

(CFA-4)

Summary Sheet

FILE NUMBER 46-20-31

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		学生可能	I Pare by	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	
1. Full Name of Committee (as on Statement of Organization)	name.				
Committee to Elect Rich Stalbrink					
2. Acronym or Abbreviated Name (if any)	3. Con	committee Telephone Number			
	(219	-873-4360)		
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if t	his is a new	address.		
5023 W. Meritage Trail					
LaPorte, IN 46350	Demod	crat			
				With the Country of the Land	
CANDIDATE INFORMATION (For Candidate's C		Control of the second	計學地	自己经验的资金基金公司	
7. Full Name of Candidate (Include any nickname.) Richard Robert Stalbrink, Jr.	Demod	crat			
September 1990 and 19	LaPort	-			
Judge LaPorte Superior Court No. 2	LaPon	e			
TYPE OF REPORT			CONVENT	ION CANDIDATES ONLY	
11. Check one:	V Sand		Check one:		
Pre-Primary Pre-Election Annual Nomination Other			☐ Pre-Co	nvention	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Stati	ement of Or	ganization.)	Post-C	onvention	
12. Reporting Period (mm/dd/yy):		co	LUMN A	COLUMN B	
From: 01-17-20 Through:05-15-20			s Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		0.00			
14. Cash on hand and investments January 1, current year.			地名斯特克	0.00	
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		2.00	是一类是是		
15a. Itemized (Use Schedule A.)		0.00		0.00	
15b. Unitemized		0.00		0.00	
	TOTAL	0.00		0.00	
	TOTAL	0.00		0.00	
(Note: These amounts include in kind avanditures and lear resources)					
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00		0.00	
17b. Unitemized		0.00			
March 1992 a series 1995	TOTAL	0.00		0.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL				
	TOTAL	0.00		0.00	
19. Debts OWED BY the committee (Use Schedule D.) 20. Debts OWED TO the committee (Use Schedule E.)		0.00		- Princett au	
20. Debts OWED TO the contribute (Ose Schedule E.)		0.00	FI	LEDIC OFFICE	
CERTIFICATION			THE REAL PROPERTY.	FOR OFFICE USE ONLY	
ERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE					
gnature of Treasurer Title Treasurer		Date (mm/d	14, 2020	Y 1 5 2020	
Signature of Candidate (if applicable)	1	Date (mm/d	d/vv		
		May 1	4, 2020	enjugehiclack	
WARKING: Any information contained in this report may not be copied for sale or used for any commercial purpose. files a fraudulent report commits a Level of felony. (IC 3-14-1-13) A person who fails to file a complete or accurate	(IC 3-9-4-5	5) A person wh	10 KROWITGIPF W	A PORTE CIRCUIT COURT	
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-	4-16, IC 3-	9-4-17, IC 3-9	-4-18)		



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER						
Page	of					

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions:			
	Direct			
	In-Kind (describe)			
	-			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
2.	Contributions:			
	Direct	10		
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
	Direct			
	In-Kind (describe)			
	0			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$0.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$0.00		
Enter total on ITEM	iou of the outfillary Sheet.)		MAD THE STATE OF THE PARTY OF T	



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	of					

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)	190		
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$0.00		(1) 对人员
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$0.00		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER						
Page _	of					

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(Street, number, city, State, 21° code)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	PERIOD	YEAR-TO-DATE	RECEIVED BY
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$0.00		



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
Page	of				

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	TEMOD	TEAN TO DATE	
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$0.00		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions greatless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
Page _	of				

party committee).			Page	OT
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$0.00		



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER			
Page	of	_	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			-
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B					
TOTAL OF ALL PA	\$0.00				



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) State Indiana

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER			
Page	of		
Page	of		

				Page	of
	PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question.					
Type of Question: Statewide	Local				
Position: Supported Oppo					
PERIODENTIA MANE AND MAN INC ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	REGII IENT O'COGGI ATTON	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution			
		Other Purpose:			
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w c		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution			
		Other Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
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		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
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TOTAL OF ALL PAG	GES OF SCHEDULE C ON TH (Enter total on ITEM 17a of t		\$0.00		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER			
Page	of		

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	MAILING ADDRESS (if any)		DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)			(mm/dd/yy)	YEAR-TO-DATE	PERIOD
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
· ·					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
ELIOL COSOS MICH.					
JER'S OCCUPATION:		OUDTOT4	1 TUIS BAGE 6	F 80UFB: # F -	40.00
SUBTOTAL THIS PAGE OF SCHEDULE D					\$0.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$0.00



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount,</u> OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER			
Page	of		

BORROWER'S NAME AND MAILING ADDRESS	S AND MAILING ADDRESS (if any) INCURRED		AND MAILING ADDRESS (if any)	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy) YEAR-TO-DA		PERIOD
es. ⁸					
).
SUBTOTAL THIS PAGE OF SCHEDULE E					\$0.00
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY					\$0.00
(Enter total on ITEM 20 of the Summary Sheet.)					7,710.0



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

IS THIS AN AMENDMENT? Yes

OCT 1 9 201

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(CFA-4) **Summary Sheet**

FILE NUMBER

STRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. assistance in completing this form, see instructions on the reverse side.

Freeze & Chicheck

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		20 大人	
1. Full Name of Committee (as on Statement of Organization) Check if this is a new n	ame.		
2. Acronym or Abbreviated Name (if any)	3. Committee Tele (219) 873	ephone Number 3-4360	
4. Mailing Address (Address where all campaign finance correspondence is received.) 5023 W. Meritage Trail	heck if this is a nev	v address.	
5. City, State, ZIP Code LaPorte, IN 46350	6. Party Affiliation Democrat	(if applicable)	
CANDIDATE INFORMATION (For Candidate's Co	ommittees Only)		THE RESERVE
7. Full Name of Candidate (Include any nickname.) Richard Robert Stalbrink, Jr.	8. Party Affiliation Democrat	or If Independent	Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Judge LaPorte Superior Court 2	10. County of Res LaPorte	sidence	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one: ☐ Pre-Primary Pre-Election ☐ Annual ☐ Nomination ☐ Other		Check one:	ntion
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ement of Organization.)	Post-Conve	ention
12. Reporting Period (mm/dd/yy): 5-15-20		DLUMN A is Period	COLUMN B Year to Date
3. Cash on hand and investments at the beginning of this reporting period.		0.00	
14. Cash on hand and investments January 1, current year.	E 25/15		0.00
CONTRIBUTIONS AND RECEIPTS	Mark Street		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		第一个出生	
15a. Itemized (Use Schedule A.)		0.00	0.00
15b. Unitemized		0.00	0.00
15c. Add lines 15a and 15b in both columns.	OTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL	0.00	0.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	0.00
17b. Unitemized		0.00	0.00
17c. Add lines 17a and 17b in both columns.	TOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)		0.00	
20. Debts OWED TO the committee (Use Schedule E.)		0.00	

建设从2012年,建筑国际发展。	CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO TH	HE BEST OF MY KNOWLEDGE AND BELIE	EF IT IS TRUE, CORRECT AND COMPLETE.
Signature of Treasurer	Title Treasurer	Date (mm/dd/yy) 10-16-20
ignature of Candidate (iii applicable)		Date (mm/dd/yy) 10-16-20

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18) FOR OFFICE USE ONLY



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
Page _	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
2.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
3. [Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	imiscellaricous (specify)			
Contributor's Occupation (if required)	Contributions:			
75	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (if required)	200 and 200 an			
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A	Surface to presented them the themselves and the contract to t	0.00		
	15a of the Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

	FILE NUMBER			
Page	of			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	FERIOD	TEAK-TO-DATE	
2.	Miscellaneous (specify) Contributions:			
2.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 0.00	}	
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (cver \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
Page _	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	PERIOD	TEAR-TO-DATE	
2.	Contributions: Direct In-Kind (describe) Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

STRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or
print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the
reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All
cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on
this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political
action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds,
rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year,
MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	PERIOD	YEAR-TO-DATE	
2.	Contributions: Direct In-Kind (describe) Other Receipts:			
3.	☐ Interest ☐ Loan ☐ Miscellaneous (specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
	Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0.00 \$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

STRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions greatless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
Page	of	

party committee).			1 490	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	PENIOD	PEAK-TO-DATE	
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this hedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

F	LE NUMBER	
Page	of	-

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 0.00		<u> </u>
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 0.00		



amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in ompleting this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

	FILE NUMBER	
Page	of	

		Page _	of _	
PUBLIC QUESTIO Enter Text of Public Question.	N INFORMATION			
Enter Text of Public Question.				
Type of Question: Statewide Local				
Position: Supported Opposed				
RECIPIENT'S NAME AND MAILING ADDRESS RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
(street, number, city, state, ZIP code)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt			
	Returned Contribution			
	Other			
Code	☐ Direct ☐ In-Kind			3600
	Payment of Debt Returned Contribution			
	Other			
	Purpose:			
Code	☐ Direct ☐ In-Kind			
	Payment of Debt Returned Contribution			
	☐ Other			
	Purpose:			
Code	☐ Direct ☐ In-Kind			711
	Payment of Debt Returned Contribution			
	Other Purpose:			
	ruipose.			
Code	☐ Direct ☐ In-Kind			
	Payment of Debt Returned Contribution			
	Other Purpose:			
	, dipose.			
Code	Direct In-Kind			
	Payment of Debt Returned Contribution			
	Other Purpose:			
SUBTOTAL THIS PAG		\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE C ON THI		\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

"STRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this iedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee auring the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER		
Page	of	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
- ENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D				\$ 0.00	
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)				\$ 0.00	



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE NUMBER	
Page _	of	

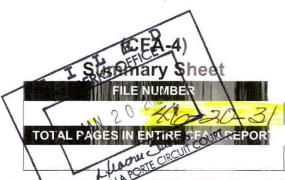
BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
<u> </u>			AL THIS PAGE OF		\$ 0.00
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)			\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes V No



COMMITTEE INFORMATION		KO TIMES IN	-
Full Name of Committee (as on Statement of Organization) Check if this is a new recommittee to Elect Rich Stalbrink Committee to Elect Rich Stalbrink	name.	~	
2. Acronym or Abbreviated Name (if any)	3. Committee Tele	phone Number	
	(219) 873	3-4360	
4. Mailing Address (Address where all campaign finance correspondence is received.) 5023 W. Meritage Trial	Check if this is a new	address.	
5. City, State, ZIP Code	6. Party Affiliation	(if applicable)	
LaPorte, IN 46350	Democrat		
CANDIDATE INFORMATION (For Candidate's C	ommittees Only)		1 個 1
7. Full Name of Candidate (Include any nickname.)		or If Independent Candida	ate
Richard Robert Stalbrink, Jr.	Democrat	T. C. State	
Office Sought (Include district number, if any. Not required for exploratory committee.) Judge LaPorte Superior Court 2	10. County of Res LaPorte	idence	
TYPE OF REPORT		CONVENTION CANDI	DATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Nomination Other		Pre-Convention	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	ement of Organization.)	Post-Convention	
Reporting Period (mm/dd/yy):	col	LUMNA CO	LUMNB
From: 10-16-20 Through: 1-20-21	This	s Period Yea	r to Date
13. Cash on hand and investments at the beginning of this reporting period.		0.00	
14. Cash on hand and investments January 1, current year.			0.00
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	Back Coll.		
15a. Itemized (Use Schedule A.)	En solution	0.00	0.00
15b. Unitemized		0.00	0.00
	OTAL	0.00	0.00
	TOTAL	0.00	0.00
EXPENDITURES	STATE OF THE PARTY		
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	0.00
17b. Unitemized		0.00	0.00
17c. Add lines 17a and 17b in both columns.	TOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)		0.00	
20. Debts OWED TO the committee (Use Schedule E.)		0.00	

	CERTIFICATION	155 计程序数字数 115 116
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT.	TO THE BEST OF MY KNOWLEDGE AND BELIE	EF IT IS TRUE, CORRECT AND COMPLETE.
Signature of Treasurer	Title Treasurer	Date (mm/dd/yy) 1-20-21
orgnature of Candidate (if applicable)		Date (mm/dd/yy) 1-20-21
WARNING: Any information contained in this report may n	ot be copied for sale or used for any commercial	purpose. (IC 3-9-4-5) A person who knowing

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY